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NURSING IN DENMARK

By CHARLOTTE NORRIE
Councillor of the International Council of Nurses

When the International Council of Women summoned its second quinquennial meeting in London towards the end of June, 1899, women met from all quarters of the globe to hear about the doings of other women, to learn from others how to carry out their work, hoping that greater unity of thought, sympathy, and purpose might advance the best good of humanity.

But we are not always able to meet and hear. The women who met at the International Congress are now in their own homes, busy at their own work, and now, if ever, the desire to be able to communicate by means of the press will make itself felt, and a new journal like this will be heartily welcomed. I have been asked to tell something about nursing work and conditions in Denmark, and I shall do my very best, sending all good wishes to this as to any other step promoting the women's cause and the nursing profession.

Denmark? Probably Americans know but very little about this little country on the other side of the Atlantic, and yet we Danish people think that our dear "Old Mother" is well worth hearing of; we feel it a duty to tell others that we are Danes and that we hope that our country will be Danish forever.

Denmark is a little country, as you may easily see on the map. The population numbers two million five hundred thousand, and about four hundred and sixty thousand of them live in Copenhagen. It is an old country and the Danish vikings were wild warriors; but nevertheless one of the virtues which they appreciated most in their kings, and of which the Saga often tells us, was: "when he touched a wound the blood did not flow any more, and the wound healed." After the battle of Lyrskov Hede, towards the middle of the eleventh century, King Magnus the Good gathered the chieftains around him, and went from one to another and took their hands, and those of them whose hands were soft he chose to attend to the wounded. From several of them medical families descended.

In Iceland we hear about the same time of a woman who took care of the wounded. Haldora was "a fair woman and she had a good temper." When she was a girl she was spoken of as the best match, for she was rich and her kinsmen were mighty, but still more she was admired as "a woman of great intellectual faculty and of a lovely mind."

Once enemies attacked her husband and her sons, and they fought a deadly strife. Then she gathered the women of the house and said to them,—

"Let us go and dress the wounds of the warriors, be they friends or foes."

She found, herself, the chieftain of the enemies; he had got a blow on the shoulder so that the lung might be seen, but she dressed the wound and stayed at his side all day to nurse him, and finally he recovered. This happened about the year 1000, some years before the peoples of the North adopted Christianity, and it was not until 1863 that the treaty of Geneva saw the light!

Simple as these tales are they have much to say to us. That Haldora was so happy as to see her patient recover from such a severe wound, she must not only have had good luck, she must have been well trained in the noble art of taking care of the wounded. Moreover, we hear that she was one of "the best women" of the country, and when King Magnus the Good would choose some men to attend to the wounded he sought and found them among the chieftains,—among "the best men."

Times are changing. In the year 1625 Denmark took part in the War of Thirty Years, and as there was much illness among the troops, two field hospitals were erected. The managers of these hospitals were instructed to engage one woman for every ten patients, and these women apparently belonged to that class of nurses who predominated until Elizabeth Fry and Frau Fliedner heralded a new nursing era, in which "the best women" may once more take place at the side of the sick-bed.

Times had changed and the class of nurses also. Was the same work intrusted to women in the hospitals of the seventeenth and the eighteenth centuries which they had performed in the tenth century? I do not think so! It had dropped out of the hands of women, as we learn from the most excellent regulations of two Danish field hospitals erected in Holstein in 1758 during the War of Seven Years, these regulations being modelled after those of some French hospitals.

The hospitals were to contain respectively two hundred and three hundred beds. One inspector, two head-physicians, four surgeons, and ten surgical students were appointed, six to eight orderlies were directed to the hospitals, and six women were engaged; and "the housekeeper shall engage as many strong and healthy married women as the head-physician deems necessary to keep the lodgings of the patients clean and to do the laundry-work."

So evidently in 1758 as well as in 1625 it was deemed expedient to exclude women from field hospitals.

From the above-mentioned regulations we further learn what work was left to these women.

The women had to "keep the lodgings clean" and to "do the laundry-work." "Every morning, one hour before the doctor's visit, the women shall take out all close-stools, bed utensils, and spittoons and cleanse them well." "If a very weak patient or a man severely wounded should catch vermin, the women shall often comb his hair and make him clean."

But the regulations have more to teach us. The head-physician paid a visit every morning and evening, and more frequently if he deemed it necessary. He was accompanied by the surgeons and by the surgical students, and the latter had to administer the medicine in the presence of the head-physician, that he might the better control the effect of it, and that it might be prevented that the medicine be spent for other purposes than for the benefit of the patients! The medicine prescribed for another hour of the day was to be given by the surgeon or by the student. "If a man be severely wounded, the surgeon shall pay a visit once during the night to alleviate his pain and to supervise that the surgical student on duty is present, and that the orderly is also present and takes care of what he has to do."

The surgeons prepared all the dressings and dressed the wounds. They changed the poultices, used the catheter, gave enemata, etc., and they waked at nights. To-day the nurse is intrusted with most of this work. But the number of the nurses has not increased proportionally to their work.

Times changed once more. Florence Nightingale converted the civilized world to believe in woman's ability to call order out of chaos,—if she is trained for her work!—and at the same time the educated woman felt that if she had no home of her own, as unmarried women seldom have, the hospital might be a field of labor where she might be useful to her fellow-creatures less healthy and less fortunate than herself.

In this spirit Professor Ludvig I. Brandes, M.D., read a paper at a conference of Scandinavian medical men. In 1863 our late Queen Louise established a deaconesses' home at Frederiksberg near Copenhagen, and their beneficial influence soon made itself felt. But not every lady who wished to take care of the sick would submit to the regulations of this religious sisterhood, and thus during the seventies the first ladies took up the calling of hospital nurses.

It may be that unscrupulous women may have been found among our old nurses, though certainly most of them were kind and honest women. But they were untrained and uneducated, and this fact explains why the "new nursing system" was welcomed by most doctors and by the

patients. Though no training-school was erected, everybody hoped to be better understood by the more refined, the more educated "new nurses."

We have in Denmark many hospitals, almost all of them belonging to the counties or to the state. They are eagerly sought by the patients, and generally you will hear but words of appreciation with regard to the nurses. They are conscientious and kind, and they do their best to carry out the prescriptions and to observe the patients, though it is a double difficulty for them, as, having no school, they have to "discover" everything for themselves. We have had no nursing-school till a year or two ago, if we may, after all, say that we have a training-school for nurses at this very moment.

But honor to the women who do their duty kindly and patiently under circumstances which might be termed discouraging! Reform is needed. It is a pity that women who do their utmost to be helpful to their sick fellow-men should live in anxiety, and how can you be comfortable when you do not feel quite sure that you have done the thing as it should be done?

How will you explain the fact that the nurses have not asked for a school?

Well, they are overworked, they have not sufficient brains left to work out plans nor to make a stir in the matter. Their hours on duty are too long: twelve hours night duty, fourteen hours a day, with only time left for meals and one hour during the day for a walk or a rest. And very often, almost every day, the nurse has to do overwork if she will finish what she has been ordered to do.

We must admit that overworked nurses are not able to work out plans for better training, etc., and as it is almost impossible for others to suggest what will be the very best, I think the first thing we must work for is "shorter hours," hoping that when nurses are no more overworked they will be able to introduce all other necessary reforms themselves.

As to the remuneration for her work offered to the nurse, it is—at least in the metropolis—as good as that of any other bread-winning woman. She has lodging and board from the day she enters the hospital, and after a few months she has a small salary, raising as years go on, and after fifteen or twenty-five years' service she is entitled to a pension. As soon as the nurses will be thoroughly trained they may try to obtain a higher salary, and no doubt every well-founded wish will be granted to them.

About thirty years ago the above-mentioned Professor L. I. Brandes founded a sick club and provident club for nurses, but, as was quite

natural at that time, on semi-charitable lines. Since then other legacies, sick clubs, etc., for nurses have been established, and towards the end of July, 1899, Danish nurses associated in the organization of a Danish Council of Nurses, with the express resolution of joining the Danish National Council of Women and the International Council of Nurses. But unfortunately the reactionary party got hold of the administration of the Council, and nothing has been heard since then of affiliation to either the Council of Women or to the Council of Nurses. Yet many Danish nurses, when they heard of the plan of international organization of nurses, grasped the idea most enthusiastically, and so we may hope that in one way or other Danish associations of nurses may be represented in the International Council of Nurses.

When nurses fully realize what benefit they may derive from organization, both national and international, when they realize the great support which they can obtain from the woman movement, then the conditions of nursing work in Denmark will become satisfactory, but not till then.

THE OBJECTS OF THE GRADUATE NURSES' ASSOCIATION OF CLEVELAND

By M. HELENA McMILLAN, B.A.

THE objects of the Graduate Nurses' Association of Cleveland are plainly stated in the constitution, which claims that the organization has been formed "to promote mutual benefit, to stimulate an active interest in nursing affairs, and to co-operate with such movements as will tend to establish a high and just standard for the nursing profession."

We seem, indeed, to have made a brave stand—our ideal is a high one. But whether we have been brave in reality, or merely ignorant in thus binding ourselves to the rather undeterminate purport of the several clauses of this portion of the constitution, remains to be seen. Having then practically pledged ourselves to attain certain standards, our first duty naturally would be to find out to a nicety what we have promised, what we are actually aiming to accomplish, so that, as well as working conscientiously and energetically, we may work intelligently towards, and not around, our desired goal.

The first of the series of our pledges is "to promote mutual benefit." By the word promote is meant to contribute towards or advance the growth or prosperity of any undertaking. In order to do that, we must give from ourselves and of ourselves a part—smaller or greater